

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000052154 (8)

1. Corporation Name

OUTBACK STEAKHOUSE PARTNERS, INC.



Principal Place of Business

550 NORTH REO STREET, SUITE 200  
TAMPA FL 33609

Mailing Address

550 NORTH REO STREET, SUITE 200  
TAMPA FL 33609

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

07/06/1995

3a. Date of Last Report

4. FET Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KADOW, JOSEPH J

550 NORTH REO STREET, SUITE 200  
TAMPA FL 33609

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when not state agent)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME SULLIVAN, CHRIS T  
STREET ADDRESS 550 NORTH REO STREET, SUITE 200  
CITY- ST- ZIP TAMPA FL 33609

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP

C ☐ Change ☒ Addition

TITLE D ☐ DELETE  
NAME BASHAM, ROBERT D  
STREET ADDRESS 550 NORTH REO STREET, SUITE 200  
CITY- ST- ZIP TAMPA FL 33609

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP

P ☐ Change ☒ Addition

TITLE D ☐ DELETE  
NAME GANNON, TIMOTHY J  
STREET ADDRESS 550 NORTH REO STREET, SUITE 200  
CITY- ST- ZIP TAMPA FL 33609

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP

VP ☐ Change ☒ Addition

TITLE D ☐ DELETE  
NAME MERRITT, ROBERT S  
STREET ADDRESS 550 NORTH REO STREET, SUITE 200  
CITY- ST- ZIP TAMPA FL 33609

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

VP, T ☐ Change ☒ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

Secretary  
KADOW, JOSEPH J.  
550 NORTH REO STREET, SUITE 200  
TAMPA, FL 33609  
☐ Change ☒ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY- ST- ZIP

200001765572  
-04/02/96--01007--044  
\*\*\*200.00  
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the register or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

3/20/96 813-282-1225

CR2E034 (12/95)